

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HV600058**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

| OFFICER INFORMATION  |                                   | INCIDENT INFORMATION   |  |
|--|-----------------------------------|--|--|
| NAME (LAST - FIRST - M.I.)<br><b>FOUCH JR, CORDY L</b>   |                                   | <input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR  |  |
| STAR NO.<br><b>19814</b>   | POSITION<br><b>POLICE OFFICER</b> | ADDRESS OF OCCURRENCE<br><b>727 E 111TH ST</b>   |  |
| DATE OF APPOINTMENT<br><b>05-AUG-1996</b>  | EMPLOYEE NO.<br>[REDACTED]        | CITY <input checked="" type="checkbox"/> CHICAGO   | STATE (If outside Chicago)               |
| UNIT OF ASSIGNMENT<br><b>005</b>   | BEAT/CALL NO.<br><b>0571</b>      | LOCATION CODE<br><b>281-JAIL / LOCK-UP FACILITY</b>  | BEAT OF OCCURRENCE<br><b>0531</b>        |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F  | RACE<br><b>BLACK</b>              | DOB<br>[REDACTED]  | DATE OF OCCURRENCE<br><b>13-DEC-2012</b> |
| HEIGHT<br><b>509</b>   | WEIGHT<br><b>198</b>              | TIME<br><b>07:30:00</b>  | DAY OF WEEK<br><b>THURSDAY</b>           |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED   |                                   | NO. OF OFFICERS BATTERED <b>6</b>  |  |
| <input checked="" type="checkbox"/> 1. ON DUTY<br><input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____<br><input type="checkbox"/> C. CITIZEN'S DRESS<br><input type="checkbox"/> D. TACTICAL<br><input type="checkbox"/> E. B.I.S. UNIT<br><input type="checkbox"/> F. SPECIAL EMPLOYMENT<br><input type="checkbox"/> G. OTHER _____<br><input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER              |                                   | WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO<br>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>5</b>   |  |
| WORKING:<br><input type="checkbox"/> A. ALONE<br><input checked="" type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____<br>PATROL TYPE:<br><input type="checkbox"/> A. SQUAD CAR<br><input type="checkbox"/> B. FOOT<br><input type="checkbox"/> C. BICYCLE<br><input type="checkbox"/> D. APV/MOTORCYCLE<br><input checked="" type="checkbox"/> E. SQUADROL<br><input type="checkbox"/> F. OTHER _____   |                                   | MANNER OF ATTACK   |  |
| TYPE OF ACTIVITY   |                                   | <input type="checkbox"/> 01. SHOT<br><input type="checkbox"/> 02. SHOT AT<br><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)<br><input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)<br><input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)   |  |
| <input type="checkbox"/> A. AMBUSH - NO WARNING<br><input type="checkbox"/> B. TRAFFIC STOP/PURSUIT<br><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON<br><input type="checkbox"/> D. DISTURBANCE - DOMESTIC<br><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT<br><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER<br><input type="checkbox"/> G. DISTURBANCE - OTHER<br><input type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____ IUCR CODE _____ |                                   | TYPE OF WEAPON/THREAT  |  |
| <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE <b>720 ILCS 5.0/12-3.2-A-1- DOMESTIC BATTERY - BODILY HARM</b> ORIGINAL IUCR CODE <b>BATTERY - DOMESTIC BATTERY SIMPLE</b><br><input type="checkbox"/> K. OTHER  |                                   | (Check all that apply):<br><input type="checkbox"/> A. FIREARM CALIBER _____<br><input type="checkbox"/> 1. REVOLVER<br><input type="checkbox"/> 2. SEMI-AUTOMATIC<br><input type="checkbox"/> 3. RIFLE<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> B. VEHICLE<br><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE<br><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE<br><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT<br>FIREARM USE INFORMATION (Check all that apply):<br><input type="checkbox"/> A. OFFICER AT GUNPOINT<br><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED<br><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON |  |
| TYPE OF INJURY TO OFFICER  |                                   | OFFENDER INFORMATION   |  |
| <input type="checkbox"/> A. FATAL<br><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)<br><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)<br><input checked="" type="checkbox"/> D. NONE APPARENT/NONE   |                                   | SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>BLACK</b> DOB [REDACTED]<br>CB NO. <b>18557298</b> IR NO. <b>2188581</b>  |  |
| LIGHTING CONDITIONS AT INCIDENT  |                                   | WEATHER CONDITIONS   |  |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD  |                                   | <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER<br><input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET/HAIL<br><input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSSWIND<br>APPROXIMATE OUTDOOR TEMPERATURE: <b>38° F</b>   |  |

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
FOUCH JR, CORDY L

STAR NO.  
19814

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
MOSTEK, CARLOS M 196